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PTO/SB/01 (12-97)

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	T: ^ \	LEOD HELLEN/OD	Attorney Docket Numbe	r HFC-149US (20104.57)				
DECLARA		I FOR UTILITY OR	First Named Inventor	North, John M.				
PATENT APPLICATION			COMPLETE IF KNOWN					
(3	37 C	FR 1.63)	Application Number	/ Not Yet Assigned				
7 Declaration	Declaration Declaration Submitted OR Submitted after Initial	По:	Filing Date	Herewith				
Submitted		Group Art Unit	Not Yet Assigned					
with Initial Filing		Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name	Not Yet Assigned				

As a below named inventor, I hereby declare that:										
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
CHOPPED FIBERGLASS LAMINATE FOR AUTOMOTIVE HEADLINER										
the specification of which (Title of the Invention)										
is attached hereto OR										
Application Number	Application Number COTH 1000 (page)									
I hereby state that I have n	eviewed and understand the	contents of the above ident		n including the c	if applicable).					
amended by any amendme	ent specifically referred to ab	ove.		_	adino, as					
I acknowledge the duty to	disclose information which is	material to patentability as	defined in 37 CF	R 1.56.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Co YES	py Attached?					
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					<b>=</b>					
Additional foreign applica	Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:									
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.										
Application Number	Application Number(s) Filing Date (MM/DD/YYYY)									
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				ers are listed or mental priority						
				B/02B attache						

[Page 1 of 2]
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DE	CLA	RATIO	<u>N –</u>	<u> – Utilit</u>	y or l	Desig	n Pate	ent .	<u>Ap</u>	<u>plicati</u>	on	
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filling date of this application.												
U.S. Parent Application or PCT Parent							Parent Filing Date Parent Patent Number					
Number						(MM/D	D/YYYY)			(if applica	ble)	
		PCT/US00		9	[		1/2000					
		09/387	,813			1/9	1/9/1999 6,291,370					
☐ Additiona	Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.										hereto.	
As a named inv	ventor, I I	hereby appoint t	he followi			) to prosecut	e this applicat	ion and t	o transa			
and Irademan	( Опісе с	onnected therew	vitn:	Customer Nun OR	nber				<b>&gt;</b>	Place Cus Number Ba		
			X	Registered pra	ctitioner(s)	name/registra	ation number l	isted bek	<sub>w</sub> L	Lahei h		
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Additional	registere	d practitioner(s)	named o	n supplementa	Registered	Practitioner	Information st	eet PTO	/SB/020	C attached her	eto.	
Direct all corr	espond	_		er Number Code Label			OR	<b>X</b> C	orresp	ondence add	ress below	
Name				Michae	el I. Wolf	son (Reg	. <u>No. 24,</u> 7	50)				
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									o made are			
Name of Sole or First Inventor:									entor			
Gi	ven Nar	ne (first and m	niddle [if	anyl)   U	$\mathcal{M}$		Famil	y Name	or Su	mame		
John M.						North						
Inventor's Signature		4 8	An	m	Vai	Date 2/6/0:						
Residence: City Valatie			atie	Ştate	NY	Country	ι	JSA		Citizenship	US	
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Additional	invento	rs are being n	amed or	n thesu	plemental	Additional	Inventor(s)	sheet(s)	PTO/	SB/02A attac	hed hereto	

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## **DECLARATION**

## ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor												
Given Name (first and middle [if any]) Family Name or Surname												
Frank C.						Grace						
Inventor's Signature	Trap C. d	4	Date 2/6/0 Z									
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Post Office Address	1 Willow Street											
City	North Dartmouth	1	State	M	IA	ZIP	02747	Countr	y	U	SA	
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor											ventor	
Given Na	ime (first and middle [if at	ZQQ_	1	<u>D</u>			Family Na	me or S	Surnam	е		
Michael P. Albert												
Inventor's Signature	Michael Y	Michael Halbert Date 2/6									2/6/02	
Residence: City	Newton		State MA			Country	USA		Citizenship		US	
Post Office Address					32 K	elveder	n Road			жы	<u> </u>	
Post Office Address	V		1		32 K	elveder	n Road					
City	Newton	' '	State	N	MA ZIP 02168		02168	Coun	try	y USA		
Name of Addition	nal Joint Inventor, if a	ny:				A petitio	n has been file	for thi	s unsig	ned inv	rentor	
Given Name (first and middle [if any])  Family Name or Surname												
Inventor's Signature												
Residence: City	State				Country			Citizenship				
Post Office Address												
Post Office Address												
City		tate			ZIP		Count					
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